

## Filing at a Glance

Company: Preferred Professional Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: PPIC-125222466 State: Arkansas

Information Page and Extensions

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025306

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-07-03

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Denise Hill

Disposition Date: 07-02-2007

Date Submitted: 07-02-2007

Disposition Status: Approved

Effective Date Requested (New): 08-01-2007

Effective Date (New): 08-01-2007

Effective Date Requested (Renewal): 08-01-2007

Effective Date (Renewal):

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07-02-2007

State Status Changed: 07-02-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Preferred Professional Insurance Company

Workers Compensation Information Page and Extensions

Explanatory Memorandum

PPIC is submitting a revised Workers Compensation Information Page and Information Page Extensions. These were previously approved by the State of Arkansas on June 4, 2007 with a July 1, 2007 effective date. These revised forms reflect typographical and cosmetic changes. Specifically the changes made are:

Workers Compensation and Employers Liability Policy Information Page - Form #WC-102(07/07)

1. Use a different version of company logo.
2. Added "Producer" under Item #1.
3. Added "Risk ID #" under Item #1.
4. Removed "NV" under Item # 3C
5. Under Item 3D the word "operations" was changed to "endorsements".
6. Changed the edition date for the form numbers referenced under Items #1, 3D, and 4.

7. Changed the edition date of the Form # for the Information Page from 10/98 to 07/07.
8. Added copyright disclosure at the bottom of the Form.

Extension of Information Page Item 1. Other Workplaces Not Shown - Form #WC-103-1 (07/07)

1. Changed from Landscape to Portrait.
2. Removed Company Logo
3. Changed the edition date of the Form from 04/02 to 07/07

Extension of Information Page Item 4. Schedule - Form #WC-103-2 (07/07)

1. Removed Company Logo
2. Changed the edition date of the Form from 04/02 to 07/07

Extension of Information Page Item 3. D. List of Endorsements and Schedule - Form #WC-103-3 (07/07)

1. Removed Company Logo
2. Changed the edition date of the Form from 04/02 to 07/07

## Company and Contact

### Filing Contact Information

Kristyn Atchley,	katchley@ppicins.com
11605 Miracle Hills Drive	(800) 441-7742 [Phone]
Omaha, NE 68154-4467	(402) 392-2673[FAX]

### Filing Company Information

Preferred Professional Insurance Company	CoCode: 36234	State of Domicile: Nebraska
11605 Miracle Hills Drive	Group Code:	Company Type: P & C
Suite 200		
Omaha, NE 68154-4467	Group Name:	State ID Number:
(800) 441-7742 ext. 240[Phone]	FEIN Number: 47-0580977	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Form Filing is \$50.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Preferred Professional Insurance Company	\$0.00	07-02-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
077428	\$50.00	06-21-2007

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-02-2007	07-02-2007

## **Disposition**

Disposition Date: 07-02-2007

Effective Date (New): 08-01-2007

Effective Date (Renewal):

Status: Approved

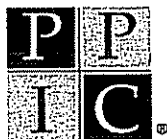
Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Workers Compensation and Employers Liability Policy Information Page	Approved	Yes
Form	Extension of Information Page Item 1. Other Workplaces Not Shown	Approved	Yes
Form	Extension of Information Page Item 4. Schedule	Approved	Yes
Form	Extension of Information Page Item 3.D. List Endorsements & Schedule	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Workers Compensation and Employers Liability Policy Information Page	WC-102	7/07	Declaration Replaced s/Schedule	WC-102 (10/98)	0.00	WC-102 (07-07).pdf
Approved	Extension of Information Page Item 1. Other Workplaces Not Shown	WC-103-1	7/07	Declaration Replaced s/Schedule	WC-103-1 (04/02)	0.00	WC-103-1 (07-07).pdf
Approved	Extension of Information Page Item 4. Schedule	WC-103-2	7/07	Declaration Replaced s/Schedule	WC-103-2 (04/02)	0.00	WC-103-2 (07-07).pdf
Approved	Extension of Information Page Item 3.D. List Endorsements & Schedule	WC-103-3	7/07	Declaration Replaced s/Schedule	WC-103-3 (04/02)	0.00	WC-103-3 (07-07).pdf



11605 Miracle Hills Drive, Suite 200  
Omaha, Nebraska 68154-4467  
800-441-7742 Fax 402-392-2673

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

**Insurer:** Preferred Professional Insurance Company, A Stock Company  
P. O. Box 540658, Omaha, Nebraska 68154-0658

**NCCI Company Number:** 32239

**POLICY NUMBER:**  
**PREVIOUS POLICY NUMBER:**

1. **Named Insured and Mailing Address:** \_\_\_\_\_ Indvl \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
**Producer:**

**FEIN:** \_\_\_\_\_ **Risk ID #:** \_\_\_\_\_  
**Other workplaces not shown above:** See WC 99 00 06 (7/07)

2. **Policy Period:** \_\_\_\_\_ **To** 12:01 a.m., Standard time at the insured's mailing address.

3. A. **Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:**

B. **Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:**

**Bodily Injury by Accident** \_\_\_\_\_ each accident  
**Bodily Injury by Disease** \_\_\_\_\_ policy limit  
**Bodily Injury by Disease** \_\_\_\_\_ each employee

C. **Other States Insurance: Part Three of the policy applies to the states, if any, listed here:**  
All states except ND, OH, WA, WV, WY, and states designated in Item 3.A. of the Information Page.

D. **This policy includes these endorsements and schedules:** See WC 99 00 07 (7/07)

4. **The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit:**  
See WC 99 00 05 B (7/07)

**Total Estimated Annual Premium:**

**Minimum Premium:**

**Expense Constant:**

**Total Terrorism Premium:**

**Total State Surcharges:**

**TOTAL ESTIMATED POLICY CHARGE:**

**The policy is not binding unless countersigned by our authorized representative.**

**Authorized Representative**

WC-102 (7/07)

WC 00 00 01A (7/07)

**Process Date:** June 28, 2007

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
EXTENSION OF INFORMATION PAGE  
ITEM 1. OTHER WORKPLACES NOT SHOWN**

**Insurer:** Preferred Professional Insurance Company

**POLICY NUMBER:**

**POLICY PERIOD:**

**to**

Name	Address	FEIN	Unemployment #	# of Employees	SIC CODE	PPIC CODE	OWNER CODE

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY  
EXTENSION OF INFORMATION PAGE  
ITEM 4. SCHEDULE**

**INSURER:** Preferred Professional Insurance Company

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**POLICY NUMBER:**                      **EFFECTIVE DATE:**                      **STATE:**                      **CODE:**

<b>CLASS CODE NUMBER</b>	<b>CLASSIFICATION</b>	<b>ESTIMATED ANNUAL REMUNERATION</b>	<b>RATES PER 100 OF REMUEARATION</b>	<b>ESTIMATED ANNUAL PREMIUMS</b>
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**TOTAL ESTIMATED STATE PREMIUM**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
EXTENSION OF INFORMATION PAGE  
ITEM 3. D. LIST OF ENDORSEMENTS AND SCHEDULE**

**Insurer:** Preferred Professional Insurance Company

**INSURED:**

**POLICY NUMBER:**

**POLICY PERIOD:** \_\_\_\_\_ to \_\_\_\_\_

**ENDORSEMENT LISTING:**

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## Rate Information

Rate data does NOT apply to filing.

## Supporting Document Schedules

		Review Status:	
<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	Approved	07-02-2007
<b>Comments:</b>			
<b>Attachment:</b>			
AR-WC-07-03 TD.pdf			

**Property & Casualty Transmittal Document (Revised 1/1/06)****1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>		
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>

<b>5.</b>	<b>Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: _____    Renewal: _____

# Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	
20.	This filing transmittal is part of Company Tracking #		

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

[illegible]

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		





[illegible]

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	Effect of Rate Filing – Number of policyholders affected		
6.	Overall percentage of last rate revision		
7.	Effective Date of last rate revision		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		
9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	